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Hypertension Pocketcard Set 2014

Hypertension pocketcard Set

Causes of Hypertension
Primary (essential, idiopathic) Hypertension
No identifiable cause; 95% of hypertensive patients; often develops gradually over years.

Secondary Hypertension^{1,2}

Renal disease	Endocrine disease	Pharmacologic
<ul style="list-style-type: none"> Polycystic kidney disease Renal parenchymal disease Nephrotic syndrome Nephritic syndrome 	<ul style="list-style-type: none"> Endocrine disorders Primary hyperparathyroidism Hyperthyroidism Primary aldosteronism 	<ul style="list-style-type: none"> Amphetamines Cocaine/crack Stimulants Oral contraceptives
Neurologic causes	Vascular disease	Other causes
<ul style="list-style-type: none"> Encephalopathy Stiff-leg syndrome Stiff-neck syndrome 	<ul style="list-style-type: none"> Coarctation of the aorta Renovascular disease Arteriovenous fistula 	<ul style="list-style-type: none"> Neurofibromatosis Heavy metal poisoning Acute glaucoma
Psychologic causes		
<ul style="list-style-type: none"> Stress Anxiety 		

¹ Modified per Guidelines for the Management of High Blood Pressure in Adults, Report from the National Committee on Hypertension, 2003, p.40.

² Modified per Pageau S, Samis M. Hypertension in adolescents: a review of diagnosis and management. Can Fam Physician 2003; 58:1038.

Pathophysiology of Essential Hypertension

ATN/Risk Factors

ATN in blacks
ATN in either or both parents
Excess salt intake
Excess alcohol intake
Obesity
Obesity and weight gain
Physical inactivity
Premature atherosclerosis
Insulin resistance
VLDL dysfunction

Goals of Treating Hypertension, JNC 8³

Population	Goal BP, mmHg, Initial Drug Treatment Options	
General <60 y	<130/80	Thiazide diuretic, ACEi, or CCB
General <60 y	<140/90	ACEi, ARB, or CCB, alone or in combination ⁴
Diabetics	<140/90	ACEi, ARB, thiazide-type diuretic, or CCB, alone or in combination
CKD	<140/90	ACEi or ARB ⁵

Goals of Treating Hypertension, JNC 8³

Population	Goal BP, mmHg, Initial Drug Treatment Options	
Black, non-Hispanic	<140/90	Thiazide or CCB
Target organ damage or CKD risk	<140/90	-

Source: International Society for Hypertension in Blacks, JNC 8, Joint National Committee for High Blood Pressure in Blacks, Report from the National Committee on Hypertension, National Committee on Hypertension, 2013. doi:10.1161/jaha.113.004471

ACEi and ARB should not be used in combination.

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great resource

right to the point--keep at my desk for reference while talking to my members. I am a case manager for insurance company

Great Card especially when you are doing clinic or residence to help you remember drugs, grades etc

Pocket size - great

Great pocket reference for clinical.

Helpful

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